

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: *Rachelle Copeland*  
*% MCKOON, THOMAS, & MCKOON*  
*925 broad st., P.O. Box 3220*  
*Phoenix City, AL.*  
*36868-3220*

2. Article Number

(Transfer from service label)

7006 2760 0001 7559 0445

PS Form 8811, February 2004

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

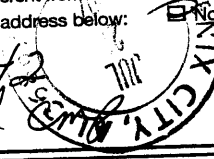
A. Signature

*X Amberly Watson*☐ Agent☒ Addressee

B. Received by (Printed Name)

*AMBERLY WATSON*

C. Date of Delivery

*7-23-07*D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☒ No*2:07C U 42**S + Amnd*

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

102595-02-M-1540